

DATE SUBMITTED: _____

CENTRAL RESCUE SQUAD

P O Box 386

GASBURG, VA 23857



MEMBERSHIP APPLICATION

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Applying for:

Associate Member: _____

Full Member: _____

***** Office Use Only *****

Date Received: _____

Disposition:

Date Reviewed: _____

Accepted (_____)

Date Voted On: _____

Rejected (_____)

Probationary Period Ends: _____

Vote on Probationary Status: _____

Comments: _____

Background Check: _____ (_____) OK

Previous address: _____
City: _____ State: _____ Zip: _____
Age: _____ DOB: ____/____/____
SSN: _____

Educational Background

High School Attended: _____
Address: _____
City: _____ State: _____ Zip: _____
List Highest Grade Completed: _____
List Any College Degree, Vocational, or Special Training: _____

Work History

Present Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone:(_____) _____
Supervisor: _____

(if present employment is less than three (3) years)

Present Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone:(_____) _____
Supervisor: _____

Briefly describe why you want to be a rescue squad member: _____

List any physical impairment/illness you are currently receiving medications for:
(include hypertension & diabetes): _____

Previous EMS Experience

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Date of affiliation: _____ to _____

Your rank: _____ Supervisor: _____

Reason for leaving: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Date of affiliation: _____ to _____

Your rank: _____ Supervisor: _____

Reason for leaving: _____

Present EMS certification: _____

Are you willing to take available EMS training? _____

List three character references not related to you:

Name: _____

Address: _____

Telephone:(_____) _____

Name: _____

Address: _____

Telephone:(_____) _____

Name: _____

Address: _____

Telephone:(_____) _____

Have you ever been CHARGED with a criminal violation? _____

If Yes, explain charge and disposition: _____

By signing below, I hereby state that all information given is true to the best of my knowledge. I also agree to submit a record of driver's history and/or criminal history if required.

(signed) _____

(Applicant)

Squad member submitting application: _____